FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APP	OMB APPROVAL						
OMB Number: 3235-01							
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Requiring Sta			. Date of Event lequiring Staten Month/Day/Year 1/04/2016	nent	3. Issuer Name and Ticker or Trading Symbol CONDUENT Inc [CNDT]						
(Last) 45 GLOVER	(First) AVENUE	(Middle)			Relationship of Reporting Person (Check all applicable) Director X Officer (give title below)	on(s) to Issue 10% Owne Other (spe below)	er (Applicable Line)	ate of Original Filed /Group Filing (Check		
NORWALK (City)	CT (State)	06856 (Zip)							y More than One		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership nstr. 5)			
Common Stock					1,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivativ Security				

Explanation of Responses:

/s/ Douglas H. Marshall, Assistant Secretary, Xerox

11/08/2016

Corporation

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.